



**Conference Dates: Oct. 4-5  
2007**

**Conference Site: Moscow, ID**

**President: Joan M. West**

**Website: <http://www.iatlc.org>**

## 2008 Membership Invoice

### Remember:

1. Membership is from October 1, 2007 to Sept. 30, 2008
2. 1<sup>st</sup> time registrations will receive a \$10 rebate if they stay through the end of the conference.
3. Course credit for the conference is paid separately. Details on the IATLC Website.
4. Please notify the treasurer of any address or teaching assignment changes – addresses below.
5. Dues of \$20 may be paid separately, but dues are a required part of conference registration.
6. **Please Register for the conference by SEPTEMBER 20, 2007!**

**PLEASE REGISTER FOR THE CONFERENCE BY SEPTEMBER 20, 2007!**

Conference Registration and Dues	Includes	FEE	Amount
<b>Regular</b>	<b>Registration, dues, Friday luncheon</b>	<b>\$70.00</b>	
<b>Retired</b>	<b>Registration, dues, Friday luncheon</b>	<b>\$45.00</b>	
<b>Student</b>	<b>Conference sessions only/No dues or lunch</b>	<b>\$20.00</b>	
<b>Extra Lunch Ticket</b>	<b>Friday Lunch</b>	<b>\$12.00</b>	
<b>T-Shirt(s)</b>	<b>See form on back to select colors and sizes</b>	<b>\$12.00/each</b>	
<b>IATLC/PNCFL Dues</b>	<b>Not attending conference, dues only!</b>		
<b>New</b>	<b>IATLC/PNCFL Dues only</b>	<b>\$20.00</b>	
<b>Renewal</b>	<b>IATLC/PNCFL Dues only</b>	<b>\$20.00</b>	
<b>Student/Retired</b>	<b>IATLC/PNCFL Dues only</b>	<b>\$10.00</b>	
		<b>TOTAL:</b>	

## MEMBER INFORMATION

<b>Name:</b>	
<b>Preferred e-mail:</b>	
<b>School Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Fax:</b>	
<b>Home Address:</b>	
<b>Home Phone:</b>	
<b>Home e-mail:</b>	
<b>Level Taught:</b>	<input type="checkbox"/> K-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> Jr. College <input type="checkbox"/> University <input type="checkbox"/> Private <input type="checkbox"/> Public
<b>Language:</b>	<input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Latin <input type="checkbox"/> Japanese <input type="checkbox"/> Greek <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Other: _____
<b>Please Check to have your name and school address published on IATLC.org and PNCFL</b> <input type="checkbox"/>	

**Mail to: Dr. Dennis W. Ohrtman 510 Burrell Drive Lewiston, Id 83501-4536**

**Home: 208 743-0319 Work: 208 748-3150 Fax: 208 748-3149 [dwohrtman@aol.com](mailto:dwohrtman@aol.com)**

T-Shirts						
Color	Select Quantity					@ \$12.00 each
White	XXL:	XL:	L:	M:	S:	
Red	XXL:	XL:	L:	M:	S:	
Grey	XXL:	XL:	L:	M:	S:	
TOTAL to be carried to other side:						

I am interested in the post-conference excursion/dinner to Lewiston to the Nez Perce Museum (cost to be paid separately):

Yes \_\_\_\_\_ No \_\_\_\_\_

Information forthcoming.

